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# Self-Pity, Self-Comforting, and the Superego

DAVID MILROD, M.D.

SELF-PITY AND SELF-COMFORTING ARE RELATED AFFECTIVE STATES which play some role in every person's experience. There are, however, wide individual variations in the degree to which they dominate a person's character as well as in the dynamic factors at work. The self-pitying behavior may involve no more than an occasional transitory reaction to a real injury, such as a child gorging himself on cookies after feeling defeated and humiliated in a fight. At the other extreme self-pity may constitute a persistent major characteristic of a person who uses a grievance, even if imagined or provoked, as the stimulus to withdraw for a prolonged spell of feeling sorry for himself. In the first example the entire reaction is brief and involves only relatively little cathectic diminution of the object world. By contrast, cases of pervasive self-pity and self-com-

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forting are characterized by withdrawal and isolation which severely interfere with object relationships, often to the point of a major decathexis of object representations. This paper deals with the latter group that shows more severe psychopathology. My purpose is to draw attention to a form of resistance, often quite formidable, which has not received much attention in the literature and which may account for some analyses reaching a stalemate or even failing.

Self-pity may be described as an affective state involving a special combination of pain and pleasure in which, in economic terms, the self representation is hypercathected with libidinal energy. It can be observed in the preoedipal period, but once the superego has been formed as the heir to the oedipus complex, self-pity may draw heavily on the functions and energies of the superego. In exercising its punitive and rewarding function, the superego not only metes out punishment for wrongdoing, thereby investing the self representation with aggressive energy, as in those depressions which are based on an intersystemic conflict; but it may also instigate the investment of the self representation with libidinal energy in the form of self-pity or self-comforting.

Self-pity is not the only form in which the self representation can be invested with libido. Whenever a child in the preoedipal period behaves according to his parents' wishes, he experiences a rise in his self-esteem, which results from both the approval showered on him by the parent and his own self-praise built on an identification with the praising love object.

As maturation goes forward and a wished-for self image is formed, it becomes less important that there be parental approval to produce this rising self-esteem. Approximating one's wished-for self image is a sufficient stimulus to produce it. After the superego is formed and moral and ethical issues have become most valued, a person experiences high self-esteem whenever he lives up to his own moral standards, the rewarding function of the superego instigating the investment of the self representation with libido. Freud first referred to this in 1921 when he pointed to the feeling of triumph and release which results when some thought or activity in the ego coincides with the standards of the ego ideal.

In its exaggerated form we recognize the superego's investment

of the self representation with libido as a swelling sense of moral pride, a quality which, as Hartmann and Loewenstein (1962) were careful to point out, sometimes has a pejorative connotation, depending on the prevailing circumstances. One does not always like an overly proud person anymore than one likes a very smug person. In this sense, self-pity has the advantage of *initially* evoking empathy in the observer and for this reason is morally less unacceptable than pride. In order to understand this important difference between pride and self-pity we must keep in mind that the peculiar blend of pain and pleasure found in self-pity owes its origin to the *obligatory* requirement of a narcissistic wound or injury that precipitates the reaction, whether that wound is real, imagined, or self-provoked. Freud (1927) also referred to humor as a form of self-comforting. Since it results from an avoidance of painful reality rather than from a libidinal investment of the self representation, however, that form of self-comforting comes closer to a generalized ego-adaptive process. Freud stated that in humor the ego asserts its invulnerability and refuses to be compelled to suffer. It is not resigned but is rebellious. In these respects the ego in humor is the very opposite of the ego in self-pity where suffering or injury is sought out or savored, and where there is a readiness to accept vulnerability.

Descriptively, patients with prominent patterns of self-pity tend to withdraw following a narcissistic wound, often into a darkened room, where in their solitude they can mull over their pain and savor the gratifications of comforting and consolation that they lavish on themselves. It is a narcissistic orgy, tinged with masochism. The gratification derived from self-comforting surpasses in importance the experience of pain associated with the hurt or wound. This unique bittersweet gratification can become so important, and can be made so readily available by the individual himself, that it may appear as a rigid pattern of behavior not unlike an addiction. The narcissistic wound is of central importance to these people, who are collectors of grievances, inviting, provoking, misinterpreting external reality, or unconsciously inflicting the wound on themselves in order to initiate the self-pity. The role of the victim, with special emphasis on his innocence, is their characteristic self image. They complain of the injustice done to

them and feel unfairly treated or misjudged. Their treatment at the hands of others is characterized as immoral or unethical, and from this we would expect to find a relationship to superego functioning. It is also true that many of these patients share the psychology of the exception (Freud, 1916; Jacobson, 1959), which should not be surprising when we consider the prominence of their conviction that an injustice has been done them.

During periods of self-pity the essentially maternal function of comforting is performed by these patients for themselves. They are both the injured child and the loving, comforting mother. Related to this is a characteristic trait these patients display while on the couch. They gently caress part of their face, usually the cheek, nose, lips or forehead, with the convex dorsum of their hand or with their fingertips. One of my patients gradually intruded his fingers into his mouth and was unaware until told so that his speech was no longer intelligible. These patients also have a tendency toward eating disturbances during periods of self-pity. There is a split in the ego which leads to the setting up of a comforting self and a comforted self. In this connection it is of interest that a number of patients have associated the comforting and caressing hand to the breast.

### Self-Pity and Narcissism

In his paper on pity (*Mitleid*), Jekels (1930) cites a case of self-pity, a man who at the peak of his emotional distress would stand before a mirror and tenderly caress his face, saying, "You poor, poor thing." Similarly, Kris (1951) refers to Maloney (1949), who stressed the traumatic impact of prolonged physical contact with one's mother throughout childhood. Kris says that if a child cannot reinstitute the positive relationship between himself and his mother, he enlists some other means of allaying anxiety, often retreating into fantasy where he replaces the mother and sucks himself, fondles his ear, nose, or any body part, tickles himself with a feather or fuzz. Kris adds that, once started, it is not easy to rob him of the substitute for the delinquent parent.<sup>1</sup>

<sup>1</sup> One of my patients (Illustration 1) had such a history.

More recently Furer (1967) explored the toddler's identification with the mother as comforter. He points out that the child's affective statement, "I am sorry," made to his mother when she is experiencing some form of emotional pain, shows his capacity for empathy or partial identification with the mother, not as the frustrating aggressor, but as the comforter. This identification with the mother as comforter is, in Furer's opinion, one of the sources of libinal energies later made available to the superego. A more primitive reaction would be a refusion with the primary love object, the child becoming sad like the mother. The "I am sorry" reaction indicates a partial refusion with the mother, consistent with feeling some of her pain, but the child retains some ability to see the object as separate from the self. Further, every experience of separation from the mother which the young toddler has, leads both to an aggressive response and to a wish for reunion with her. In order to be able to comfort the mother, the child must have the capacity to neutralize that aggression. Furer calls this forerunner of the superego "identification with the comforter." Furer was dealing with developmental, progressive, maturational aspects of object-directed libidinal processes. In self-pity, the individual treats the self as the suffering object and turns the comforting activity toward the self. Furer points out that the "I am sorry" reaction in the toddler represents an advance from the stage of need-satisfying object toward that of object constancy. Self-pity is, however, no longer object-directed; it represents a return to a need-satisfying relationship in which both object and subject are within the self. Self-pity is, in other words, a narcissistic regression involving object relationships and the drives.

Narcissism is one of the most prominent features of this behavior pattern. Such a patient declares he is sufficient unto himself, being both the comforter and comforted. Clinically, the severe interference with object relationships can be seen when love objects are subtly invited to join that part of the ego which is engaged in self-comforting. Little mutuality exists; in fact, these people often complain that they cannot comfort anyone else even at times of grief or bereavement, although they themselves demand a great deal of comforting and attention. The narcissism and disturbed object relationships are especially noticeable in the transference,

where the analyst will often find himself feeling unnecessary or superfluous. Being a witness to a grand display of self-pity, he may experience some degree of pressure to comfort the patient. He will also note that transference phenomena do not unfold in the characteristic way and the therapeutic alliance tends to be thin. These were the qualities that first attracted my attention to the syndrome and, in my experience, they are important areas for analytic work in order to overcome the powerful resistance that self-pity can become. Some clinical examples will illustrate these features.

### *Illustration 1*

Mrs. A. was a 23-year-old advertising executive. An attractive seductive woman, she nevertheless remained unpopular with men because of her severe sexual conflicts and inhibitions and her intense difficulties in separating from her mother. For years her emotional life was dominated by a prevailing mood of sadness and depression, but she consciously experienced the sad states as pleasurable, frequently sought after this mood, and tried to reproduce it at will. Often a happy event would be unwelcome because she hated to give up the sadness. In her sad state she felt misunderstood, unappreciated, or unfairly treated, and she would lie down motionless and alone, full of self-pity and self-comforting, with her left hand to her face as described above. After several years of analysis she married and had much less reason or occasion to feel so lonely or unappreciated. But she regretted losing the sad periods of self-pity and missed them. In her case self-pity had become solidified into a structured identity with a proper name. She thought of herself in that state as "Poor Pitiful Pauline."

In this woman narcissism was prominent in ways other than self-pity. She constantly felt herself to be on display, like an actress on stage. Even when nobody was present, she was both audience and performer. Sometimes she posed in the nude in front of a mirror. All behavior had a stilted, unspontaneous, calculated, and usually seductive quality, announcing, as it were, "Don't you think I'm special?" She behaved this way with men socially. She toyed with those who were enchanted, raising their hopes only to crush them at the end of the evening, and for this purpose she even went

out with men she actively disliked. They were of no importance to her as people. They were her audience, and often she did not recall their names, their appearance, or even *hear* what they were saying to her. By contrast, she became overly attached to those men who were more or less immune to her charms, and fantasied endlessly about winning them over. They became idealized superhuman figures not at all related to the real person. With either type of man, however, the result was the same. She would come home and feel desperately alone, sad, and then go into an episode of self-pity and self-comforting with the emphasis on how unfair life was to her.

### *Illustration 2*

Miss B., a mature, lonely, and severely depressed woman, filled many analytic sessions bemoaning her sad fate in life and the terrible burdens which were unjustly placed upon her. She longed for a good and lasting relationship with a man, but could never establish one because she either subtly discouraged their interest in her or, if interest was present, suddenly disappointed or frustrated the man with her cold and aloof manner. Although she had good psychological aptitude, she could not see her own role in her disappointment, but experienced it as cruel fate or even as a spell that was cast upon her. As a child she had been uprooted from her home by the war and had felt a stranger in her new country, England, a feeling enhanced by a neglectful, rejecting attitude on the part of her narcissistic, hypochondriacal mother. All these circumstances were experienced as unfair injuries to herself and set up a strong tendency to self-pity.

At an early point in her analysis she complained at length about one of her hours being inconvenient. The complaint had the quality of subtly accusing me of hurting her deliberately, and she felt very sorry for herself having to suffer such an injustice. Eventually I was able to change the hour to a time more convenient for her. The first time she kept the new hour she complained that she no longer wanted to come for analysis, she was not being helped, and she was angry with me because I knew nothing about her. After some brief exploration I pointed out that where we would ex-



pect to find relief with the new, more convenient hour, even a sense of gratitude, we found instead anger, a wish no longer to come, accompanied by a morbid depression. I then suggested that having felt grateful and more friendly to me, she became very anxious and warding off the cause of her anxiety, namely, the friendly feelings, by becoming angry. She agreed with obvious relief, but went on to express guilt about having things made easier for her than other people she knew. She was afraid, she said, that she would be punished. I suggested that her morbid mood already was her punishment, prompted by her bad conscience. After a pause she said, "You know, I always have to feel sorry for myself." After a silence she went on, "You are right most of the time and I resent it." She did not know why she felt this way and knew it was silly, but still she wished I would make a few blunders.

Further exploration led her to differentiate two kinds of anger, one which would result if I made blunders and one which was present that day. If I made blunders, she could feel angry with me and sorry for herself for being mistreated, whereas that day she could not feel sorry for herself. I pointed out to her that if only she could feel an injustice was done to her and that she had a grievance, she could then withdraw into self-pity and be occupied with comforting herself. She could lose touch with me. Without the grievance or, in her terms, if I was right, she had to stay involved with me and could not so readily withdraw. It was the closer relationship which made her anxious and which therefore led her to want to end treatment. After pondering this she said she felt it was so, but she bitterly resented my having said it. Two sessions later we had a clue to her fear of closeness when a memory emerged from early puberty involving a sexual advance from her father, but in relation to which she felt very guilty because of her interest and pleasure in the experience.

### **Superego Development and Self-Pity**

Hartmann and Loewenstein (1962) point out that the superego does not mature, it forms. By this they want to stress that, unlike the gradual and steady unfolding of increasingly complex structure and function, as in the development of the ego, an epochal

event occurs in the formation of the superego with the passing of the oedipus complex. There are precursors, to be sure, but there is an important difference between psychic functioning after superego formation and that which existed earlier. Superego precursors require the presence and support of the external object and concern themselves with a broader range of values, whereas once the superego is formed, superego functions concern themselves only with moral and ethical issues and operate independently of external objects and in an impersonalized way. As Sandler (1960) puts it, it is the authority of the parents which is internalized, not the personal elements. The superego acts with the full value that an external love object carries during the preoedipal period. Much has yet to be written about all the complicated processes connected with this epochal event which at one and the same time leads to the resolution of the oedipus complex and to the setting up of the superego as a new, independent psychic agency, "a differentiated grade in the ego" (Freud, 1921).

That the setting up of the superego is of an epochal nature is testified to by the tremendous upheavals and changes that take place. Some of these are: the intense mounting pressure to neutralize the drives; the urgent need to withdraw libidinal cathexis from the oedipal love object and the aggressive cathexis from the oedipal rival and yet retain those vital object relationships; a shift in that which is most valued away from gratification, power or possessions, or phallic attributes, to moral and ethical issues; the establishment of an independent personal moral code, impersonalized, carrying a neutral energy charge, and operative with little need for an external object; the formation of a similarly independent self-limiting function and a self-punitive and rewarding function, both of which are also impersonalized but use more deneutralized (aggressive and libidinal) energy; the use of an entirely new kind of identification, which we call superego identification.

Superego identification differs from the earlier forms of identification in that it does not *primarily* alter the self representation. Instead, it sets up a new psychic agency which, first of all, helps repress libidinal and aggressive drives. During the oedipal period the child's drives are of greater intensity than ever before and, in order to check them, the child's ego needs the kind of reinforce-

ment which previously was supplied externally by the parental figures. Secondly, the urgency to renounce and decathect the degraded and feared oedipal objects is so great that it threatens a sense of inner object loss, a source of anxiety which can be stemmed by the superego identification precisely because something of the parental values is set up within the individual's psychic apparatus and becomes part of the self.

These two powerful needs—to provide the equivalent of external parental support against powerful drives, and to overcome the fear of inner object loss with the renunciation of the oedipal objects—provide the motivation for the setting up of a new psychic agency with the passing of the oedipus complex. The mechanisms available to the ego are no longer adequate to master these greatly intensified psychic processes and for this reason a new process (superego identification) is called into play, and a new psychic agency (the superego) is formed. Hartmann and Loewenstein (1962) and Jacobson (1954a, 1964) have helped us understand a great deal about these processes. In fact, because of their contributions we can no longer say today, as Anna Freud did in 1936, that the superego can be studied only in a state of conflict. States of high moral self-esteem or moral pride are examples of clinically visible superego functioning without intersystemic conflict. Self-pity and self-comforting similarly are states in which the superego plays a major role and in which, despite the absence of conflict with the ego, it can be studied clinically.

We can observe many superego functions in their earlier formative stages during the preoedipal period of development. When self-object differentiation has progressed sufficiently and re-fusions are no longer readily resorted to, a new substructure begins to form within the ego, the wished-for self image, which is made up of the qualities and attributes that are admired in the object (mainly the rival) and that the child realizes, with the help of his advancing reality testing, are not yet his own (Jacobson, 1964). From then on, the earlier re-fusions of self and object representations, which had magically gratified, shift to a realistic effort to approximate or become one with the wished-for self image. This effort to approximate the wished-for self image is genetically related to the later efforts to approximate the perfectionistic stand-

ards of the ego ideal, once the superego is formed. But the qualities of value contained in the wished-for self image are broad, involving strength, speed, possessions, and phallic attributes, whereas the ego ideal is concerned only with standards of moral and ethical perfection. In other words, with the formation of the superego, the ego's wished-for self image extends into the superego, where it takes on the new qualities of concern with moral and ethical issues, and where it becomes relatively independent of external objects and the drives, and where we know it as the ego ideal.

The process extending preoedipal ego functions into the superego, once that psychic structure has been formed, produces functions which have both ego and superego aspects in much the same way as described above. Self-observation is such an ego function which can be observed prior to superego formation. Once that psychic agency is established, the self-observing function of the ego extends into the superego where that portion of it concerns itself with morals and ethics, and where it becomes associated with processes using less neutral energies since it is ready to trigger condemnation or reward (Stein, 1966; Schafer, 1960). Self-critical attitudes also can be observed before superego formation, but only after superego formation do they become connected solely with moral transgressions and independent of support from external objects. Self-pity and self-comforting too can be observed in the preoedipal period where they are most often connected with physical injury or illness and closely associated with a comforting adult love object (Lussier, 1960). After the superego is formed, the stimulus of an unjust narcissistic wound calls the rewarding function of the superego into action, as if such an unjust wound were equivalent to a high ethical virtue, and the process again takes place without the necessary support of parental figures.

### **Self-Pity and the Role of Aggression**

The wound or injury, which is so important in the genesis of self-pity, will under ordinary conditions evoke quite a different response. The usual response would be an active move toward self-protection or a retaliatory attack of some kind. The absence

of this expected response, in self-pity, suggests that the expression of aggression has been curbed. In addition, pity is a familiar defense against sadism in obsessive-compulsive syndromes, further suggesting that self-pity may serve as a defense against the aggressive drive, in this case self-directed aggression or guilt. People who have prominent self-pitying reaction patterns tend to see themselves as manifestly unaggressive, passive individuals. They indeed often inhibit the direct expression of hostile impulses while remaining surprisingly unaware of their less obvious, indirect or "unintended" hostile behavior.<sup>2</sup> They are equally fearful of arousing angry reactions in others which then might be directed toward themselves. In *The Ego and the Id* (1923), Freud made the well-known statement that "the ego forms its super-ego out of the id" (p. 38), meaning, as he went on to explain, that the superego expresses id drives. He was at the time concerned with the aggressive drive. The more a person controls aggression, the more tyrannical does his superego become. Just as castration anxiety is reinforced by the child's own aggressive drives, so the dread of the superego is reinforced by his own aggression. Hartmann and Loewenstein (1962) enlarged on these ideas and described how the formation of the superego aids the stability of object relations by turning the aggressive component in the ambivalence to the object onto the self.

It is characteristic of patients with prominent patterns of self-pity and self-comforting that just as they inhibit their own open aggression and fear the aggression of others, so they also dread aggression directed from the superego onto the self representation. Self-criticism and self-recrimination must be warded off. The defenses most commonly used for this purpose are self-pity (in effect, comforting the self representation rather than punishing it); turning the anger onto an external object rather than the self—a projection of responsibility; and externalizing the criticism meted out by the punitive function of the superego, which then permits the criticism to be experienced as though it came from outside and to be more easily disowned. These processes facilitate the satisfaction of the person's need to see the experience as an unjust one, and

<sup>2</sup> For a discussion of the role of self-pity and passivity in the psychology of disabled people see Lussier (1960).

thereby trigger a reaction of self-pity. These patients seem to have a specific ego weakness, namely, an intolerance for that special psychic tension which is caused by an intersystematic conflict between the superego and the ego (Zetzel, 1965). To experience guilt feelings, the ego must be able to tolerate that tension. The defensive maneuvers resorted to keep that psychic tension low and lead these people to suffer more from a dread of social anxiety rather than from a dread of guilt. Another common defense is the employment of a currently justified grievance to ward off deeply rooted feelings of guilt associated with past traumatic experiences. The following clinical examples illustrate these theoretical considerations.

### *Illustration 3*

Mr. C., a young man who had grown up in circumstances of near poverty, as the youngest child in a fairly large family, reported an episode which had made a great impression on him. When he was 15 the family acquired a new piece of furniture for the living room. For his mother this was the fulfillment of a wish she had had as long as the patient could remember. His mother had for many years regularly voiced her frustrated longings for a more attractive home. But as luck would have it, this new piece of furniture was found to be damaged shortly after it was delivered. The patient's older brother discovered that a part of the wooden frame was split in a prominent place. When the patient entered the room, his brother pointed the split out to him. The patient immediately became concerned about how upset his mother would be, promptly fetched some equipment, and repaired the damage in what to him seemed an acceptable fashion. In fact, he felt proud of the results. To his surprise, however, his older brother thereupon accused him of having broken the wood frame in the first place. Why else would he have been so quick to fix it? The brother ignored the patient's strenuous denials; the two began to fight and in the ensuing struggle the older brother easily overpowered the younger one. The patient then retired to his room, feeling grossly misunderstood, wrongly accused, and thoroughly unappreciated.

One could easily empathize with his feeling that an injustice had

been done. But his fixation on the incident and the prominent display he made of it raised further questions about his need to portray himself as a victim and to protest his innocence so vigorously. Briefly, further analysis disclosed that the incident was closely related dynamically to the events surrounding his birth, details of which he had heard countless times as it was the part of the family lore which his mother never tired of recounting. He had been an unwanted child, born late in the mother's reproductive life, and she had wanted to abort the pregnancy. In addition, she held the pregnancy and his birth responsible for many of her ailments, organic and hypochondriacal. This formed the basis for the patient's profound sense of guilt, which was woven into his masochistically colored character. The damage to his mother's prized furniture recapitulated the damage he caused her at birth, and his reaction of self-pity to his brother's accusation was a welcome defense against the more deeply repressed guilt over that earlier damage.

#### *Illustration 4*

Mrs. A., the patient who referred to herself as Poor Pitiful Pauline, reported that once when her mother was suddenly taken ill, she did not know how to feel or act. She believed she had wished the illness on her mother by being so angry with her at that time, but surprisingly she experienced no guilt feelings. Instead, she became more furious with her mother and was afraid to visit her because she would feel enraged. She said, "I hate her being down and sick and ugly. I would want to smash her if I visited." I pointed out that in place of the expected feeling, "I am terrible for wishing this on her," we saw the opposite reaction, "She is no good for doing this to me." After a thoughtful silence the patient added that she never blamed herself. If she did badly on a test in college, she blamed the professor and felt the test was unfair.

After her mother's operation she did not visit her for a few days. Then she took a weekend trip to the beach with her husband, but only after a period of indecision and after having checked with her husband, her father, and friends whether it would be acceptable to go away. It turned out to be an unhappy weekend during which she and her husband fought most of the time. In talking

about it, she said she had felt abducted and had been furious with her husband and sorry for herself. We worked out her defense of projecting the self-directed hostility onto her husband, and then turning self-criticism into self-comforting. At this point this bright college graduate said with obvious surprise, "I just don't know what guilt means." She realized that guilt as an experiential phenomenon was foreign to her, even though she understood it intellectually.<sup>3</sup>

This patient once reported an incident which occurred before Christmas. Loaded down with packages after a shopping trip, she was waiting for a bus. As one full bus after another passed her by, she became increasingly angry; finally, when she got onto a bus, she fell, hit her shin on the step and tore her new and expensive stockings, which, she added, had not yet been paid for. At first she was furious with her husband, who did not want her taking taxis; then she went into a prolonged period of self-pity, during which she felt especially put upon. Pursuing her strange comment about taxis (she had used them freely in the past), I learned that her husband had asked her to be careful with expenditures because he was buying out his partner and cash would be low for a while. She was then able to see the entire shopping trip and her many packages as a defiant reaction to her depriving husband, and spontaneously described the state of ensuing tension she experienced while waiting at the bus stop.

I interpreted this state of tension as the equivalent of a feeling of guilt, the result of her bad conscience, although she was not aware of feeling that she was bad for defying her husband. She was aware only of the many packages. Yet her token gesture of taking the bus was not enough to appease her conscience; she needed further punishment for her wrongdoing and therefore injured herself. At the same time the injury then became the stimulus for self-comforting. The important element here is, I think, the avoidance of any experience of self-directed aggression, its projection onto the husband, and the replacement of conscious, self-directed

<sup>3</sup> One should recall here that in exploring regression in relation to the superego (including the role of deneutralization and defusion), Freud (1923, 1924a) indicated that superego functions become sexualized once more (deneutralized) and are replaced by sadomasochistic relations to the ego.



aggression by self-directed libidinal discharge in the form of self-comforting and self-pity.

This patient's avoidance of depression or self-criticism did not always involve superego processes. For example, on one occasion she reluctantly told of her fantasy life, which was intense whenever she was alone. In one fantasy, which she had in the shower, she was the wife of the President, the First Lady of the land. She was an orphan with two rich grandmothers, one in New York and one in Rome. She was sophisticated and well-traveled, a child psychologist, bright and rich, and she drove a Bentley. She was the ultimate woman, a showman with a lot of style of her own. She was different and everybody wanted to talk to her. Being the center of admiration brought back the feeling she had had before her brother was born when she was 7. In reality she usually felt that no one noticed or admired her. Then she added, "My fantasies fill the gap between what I am and what I want to be."<sup>4</sup> She then recalled her first college mixer when she had retired to the ladies' room and spent most of the evening crying.

She began to feel sorry for herself; in answer to my question what depressed her in the shower and triggered the fantasy, she told of a second fantasy in the shower. She was a professor at Princeton lecturing to the young boys about the Irish poets and playwrights. She felt invincible, powerful, and everybody was noticing her. Impressing young college boys was important in the fantasy. She sensed that she seduced them and made them all fall in love with her. Casually she added that it was perhaps related to her brother, whereupon I suggested that it was related to what went on in the bedroom which they shared until she was 14 years old. (Previously this subject had been unapproachable.) These memories were very cloudy, she said. But she recalled her present neighbor's 13-year-old son, of whom she was very fond, as she was of all boys. She almost said to him the evening before the fantasy, "I have a brother your age." (In reality her brother was then 19.) She mused that the neighbor's boy was fond of her because she

<sup>4</sup> This is a clear-cut way of describing the distinction between her self image and the wished-for image of herself. The fantasy changed her self image temporarily to conform with her wished-for self image. The filling of the gap also had a deeper unconscious meaning.

must have seduced him. I said she must have done something similar to her brother; moreover, the importance of the shower and the theme of exhibiting in the fantasies suggested exposure. She mentioned then a vague memory of bathing with her brother, then recalled a photograph of both of them in the tub.

Much later in her analysis I learned about the events that had led to an extreme transformation in her attitude toward her brother when she was about 13. Prior to that time she had been outspokenly and cruelly hostile to him, but then she became overly fond, even romantically attached to him. In later years they went out together a great deal rather than having dates with others. Her brother had been enuretic and no parental attempts at solution had helped. When she was 13 (he was 6), unsolicited she took it upon herself to wake her brother and take him to the bathroom to urinate before she would retire. She stood behind him, pressed against him, and held his penis as he urinated. She recalled feeling his penis "stiffen" as he urinated. Significantly, in that same session, when she spoke about what the close relationship with her brother did for her, she said he made her feel "puffed up." He became her penis. It was he who filled "her gap." The primitive identification helped her overcome her depression just as the fantasies did. For this patient even the self-criticism involved in seeing herself as castrated was intolerable and had to be warded off.

This patient had a similar approach to her anal-erotic interests. Her masculine aggressive mother had frequently given her enemas, an activity which eventually became erotized and sought after. But she disliked the idea that she enjoyed it, could not admit it, and spoke of it only with the greatest difficulty in the analysis. Equating the dirty, animalistic quality in herself with a monkey, she wished to disown that part of herself. Whenever anal wishes arose, however, she warded them off by a change of identity; she became a perfect angelic princess who had no anus and to whom bowel movements were unknown.

Jacobson (1964) stressed the importance of the anal phase in fashioning precursors to the formation of the superego, because it is in this phase of development that the child begins to have feelings of disgust about functions and products related to himself.

This patient could not tolerate those self-critical feelings and

dealt with them not by repression, reaction formation, sublimation, etc., but by disavowing her identity and assuming a new pseudoidentity of an angelic princess. In fact, she made a life style of believing her self image to be as grandiose as her wished-for image of herself. But it meant she had to rely on fantasy and magic and had to avoid as much as possible situations that called for the "cold truth" such as application forms for college or jobs. These were depressing and demoralizing, because they brought her face to face with her real self, closer to the monkey.

The reliance on magical thinking and fantasy and the blurred distinctions between fantasy and reality also were useful in the service of warding off guilt feelings. When she had minimally conscious fantasies of infidelity, or forgot, lost or broke something that her husband valued, she would fantasy her husband tyrannizing her and cruelly ordering her about. By means of these fantasies she avoided any guilt feelings, and in their place experienced only self-pity. In these situations the fantasy assumed reality value for her.

### **Self-Pity and the Integrity of Self Representation**

The unstable self image referred to in the last illustration is not an accidental feature of a single case, but is an important and characteristic feature of many cases involving severe states of self-pity and self-comforting. The narcissistic regression, along with the tendency to project superego-instigated aggression from self onto object representation, implies a looseness of boundaries between self and object images and gives the stamp of a narcissistic object choice to the ambivalently loved object.<sup>5</sup> In other words, these cases frequently show an ego regression to a point prior to a stable state of individuation. As a result, the patient may confuse his own role with that of others, and subjectively he may experience a threat to the integrity of the self.

For example, the woman who thought of herself as Poor Pitiful Pauline on one occasion attended a well-advertised peace rally and became panicky in the mob. She felt she was losing her "identity."

<sup>5</sup> Edith Jacobson, in discussing this paper, suggested that projection may be a necessary component in producing the syndrome, and that self-pity may ward off paranoid regressions as well as depressive reactions.

Describing it she said, "I felt I was getting lost. I would be swallowed up." She almost cried there, not for the dead soldiers but for her own shaky self. In order to counteract this frightening loss of identity she turned her full attention to herself; in economic terms, she reversed the decathexis of the self representation. She ignored what was going on around her and thought, "Who am I? What am I doing here? I'm not an organizer or a speaker. In fact, no one is paying attention to me." This led to both feelings of self-pity and arrogant haughty feelings of superiority to the crowd.

In a similar way, on occasions when she traveled abroad, she felt like a tiny speck in a vast primitive world, fearing that if she made a wrong turn, she would disappear and no one would find her. She had similar experiences in relation to her husband. When he told her about something they were going to do especially for her—for example, purchase a painting for her birthday—she reacted with anger. She said one time, "I can't find myself in that. I merely feel controlled. He's pushing me around and putting me down." Then, losing her usual control, she blurted out, "He's keeping me away from my mother." This statement condensed much of her childhood experience: it referred to the old blissful state of union with her mother, a longed-for state with which she felt her husband was interfering, just as her father's return from the war when she was 2 years old had displaced her from her mother's bed and her mother's exclusive attention. She shunned agreeing with her husband on anything because she would cease being herself. To differ made her feel separate and an individual. She said once about her husband, "If I said, 'I'd love to go to Paris with you,' where would *I* be? I would have become him. If I refuse to go, I'm still me. I have to be a rebel. If I serve anyone, I lose myself."

In keeping with her self image of Poor Pitiful Pauline, she felt she was herself when she was unhappy and felt mistreated. If she were joyful, there was no distance between herself and others, and she felt herself being swallowed up. "When I'm happy, I lose something of myself," she said. "It's not me. Being unhappy is a part of me. Being unhappy is the part of me I know and like the best." As a child she had instigated many unhappy crises which had kept her mother close at hand and thus prevented her severe

dread of separation from becoming realized. She felt incomplete without her mother and dreaded falling apart if her mother left her. In her adult personality there were clear indications that she had never adequately mastered separation and individuation, that she was fixated at a point of development prior to object and self constancy, and still showed considerable confusion between object and self images. In the transference she eventually spoke of her wish for me to take over responsibilities and decisions for her, to become a part of her in that sense. Voicing this was enough to frighten her, as she realized I was separate and would not feel as she wished me to feel.

In playing off her husband and mother against one another she was very successful in having one or the other take over functions for her. She would tell her mother, for example, that her husband wanted to take a trip, or tell her husband that her mother wanted her to visit, but she never said what she herself wanted, nor was she always sure what she wanted. She said, "There is no me in the middle." She could become one with her mother or with her husband, but never with both. The idea of being separate from everyone else frightened her because it meant they would die and fall away and she would be left with no one caring for her. Thus she clearly equated separation with death, a danger ward off by the fusion of self and object images. This equation also implied that she had failed in sufficiently neutralizing primitive aggressive drives. Her choice of marital partner helped vicariously to provide gratification for these drives, as her husband, often tactless in his manner, was a man given to blunt criticism of others. She could remain outwardly kind and let her husband express hostile ideas, which she eventually realized agreed largely with her own opinions of the people involved.

Her retention of hostile impulses paralleled her constipation and the difficulties she had spending money. Each threatened the integrity of her self image and was related to childhood experiences of forced enemas brought on by anal retention, which in turn was her symptomatic reaction to the loss of her mother when her father returned from the war when she was 2 years old. Fusion was welcomed when the love object benevolently and maternally took over psychic functions for her, thus enhancing her self image. It was

threatening if she sensed that she would be swallowed up and lose her identity. For this reason she tended to differ with her husband more than with her mother, and found sex terribly unpleasant.

Self-pity and self-comforting can also be used as a defense against depersonalization. A woman who had a borderline condition experienced frightening feelings of unreality, of "falling apart," "withering away," or "disappearing" when she was walking in the street. These experiences were associated with fantasies of rape. She overcame them by becoming enraged and focusing her attention on herself, telling herself, "Don't let yourself go," or "Get hold of yourself," or "Pull yourself together." These are literal translations of her need to bolster her fading self representation. On these occasions she felt extremely sorry for herself because she was so different from other people; she would be drawn to men who pitied her, which led to a pregenital form of promiscuity. Another patient spoke of her self-pity as a way of overcoming a frightening subjective sense of deadness which she would experience at times of great loneliness and isolation. The self-pity provided a way of recathecting her self representation.

### **Self-Pity and Resistance to Therapeutic Change**

The final question on which I would like to focus is why severe forms of self-pity and self-comforting offer such a powerful resistance to analysis. Freud (1923) said that the superego "appears as the representative of the id" (p. 58), by which he meant that superego formation provides a means of internally continuing the gratifying oedipal relationship on a relatively desexualized basis. In a similar vein Anna Freud (1936) described the adolescent's estrangement from his superego on the basis of its incestuous origins. Although in superego formation the oedipal drives are neutralized to a considerable extent, there are differences in the degree of neutralization, so that the ego ideal operates with more neutral energy than the limiting function of the superego, and that with more neutral energy than the punitive and rewarding function (Hartmann and Loewenstein, 1962; Jacobson, 1964). It would appear that in severe cases of self-pity the neutralization of the drives that occurred in superego formation is reversed and the

resexualized libido is invested in the self representation. Self-pity in these cases, then, represents an oedipal gratification from the reinternalized, but now repersonified oedipal object in the superego, usually associated with the mother.<sup>6</sup> The gratification is one important factor making this syndrome so difficult to treat.

Loewenstein (1945) described a syndrome in which the superego utilizes the fulfillment of an id drive for the purpose of self-punishment, for example, an irrepressible urge to compulsive masturbation. The exciting and pleasure-giving impulse is used by the superego in the service of punishment or pain. In self-pity the situation is exactly reversed. Here, pain and suffering which are experienced as unjust are used by the superego in the service of comforting. Loewenstein described the manifestations of the punitive function of the superego, whereas self-pity involves the rewarding function. In the course of development, every child is rewarded and approved of when he masters the delay of gratification, or endures necessary painful experiences, or renounces oedipal wishes. In some respects, then, it is a universal experience to feel a heightened self-esteem and to expect love and approval with deprivation and pain. Self-pity is a result of carrying this normal process too far and seeking out pain in order to enjoy the gratifications of comforting oneself.

The aggressive drive is also involved in the power of this syndrome to resist analysis. As described above, these people have problems with the mastery of aggressive drives, cannot tolerate the open expression of aggression to others, are terrified of other people's anger at them, and are exquisitely sensitive to superego criticism of the self. At the root of this constellation is a conflict over unconscious, primitive, murderous impulses. They fear the superego's self-directed criticism as it carries the same lethal potential as their primitive death wishes toward others. Giving up the defensive protection of self-pity would therefore expose them to the

<sup>6</sup> The superego not only serves as an internal barrier to instinctual expression (id drives), but also functions as a mode of expressing powerful id drives. The apparent paradox is resolved if we keep in mind that neutralization of the drives makes them available for the purpose of defense. Regression in the degree of neutralization reduces the availability of the drives for the purpose of defense and increases the degree of direct gratification of instinctual expression.

danger of the self-directed violence contained in their guilt reactions.

Freud has been criticized for treating bisexuality in relation to the superego in a one-sided way, for he usually described the superego as the impersonalized father (Schafer, 1960). When he wrote *The Ego and the Id*, however, his emphasis was on the aggressive drive and the punitive function of the superego. The attempt to highlight the role of the *libidinal* drive in self-pity and self-comforting not only restores its proper place in the rewarding function of the superego, but also restores, through the specific link with the maternal comforting function, a more balanced view of the superego as the impersonalized internal representative of *both* parents.

### Summary

Self-pity and self-comforting are affective states which offer a powerful resistance to analysis because they provide libidinized oedipal gratification via the rewarding function of the superego, which is activated by a narcissistic wound viewed by the subject as unjust. In addition, they offer a strong defense against self-directed punitive aggressive drives. Narcissism is heightened and there is an interference with object relationships. The genetic basis seems to be a significant trauma in the anal period which interferes with self-directed aggression (later reflected in an intolerance for guilt feelings) at a time when the stability of the self-representation has not yet been established. In the ensuing regression, the individual retreats to the early oral phase, focusing on maternal comforting and partial fusion of self and object images.

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